

PATENT
Docket No.: Q198-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :
Robert C. West et al. :
 :
 :
Application No. : Group Art Unit: 1745
10/810,019 :
 :
 :
Filing Date: March 25, 2004 :
 :
 :
Title: POLYSILOXANE FOR USE IN :
ELECTROCHEMICAL CELLS :

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM018217201US

Dated October 3, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Amendment Transmittal Letter (in duplicate) (2 pages)
2. Fee Transmittal Letter (in duplicate) (2 pages)
3. Amendment (11 pages)
4. Declaration with Exhibits (40 pages)
5. Information Disclosure Statement, PTO Form 1449 and copies of references
6. Form PTO-2038, credit card authorization (1 page)
7. Self addressed stamped postcard

October 3, 2007

Date of Deposit

Jose Zermeno

Name of Person Mailing paper or fee

Signature



FEE TRANSMITTAL

Attorney Docket No.	Q198-US1
First Named Inventor:	West, Robert C. et al.
Application Number	10/810,019
Filing Date:	March 25, 2004
Examiner Name:	1745
Group/Art Unit:	Jonathan Crepeau

TOTAL AMOUNT OF PAYMENT:	\$ 180.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

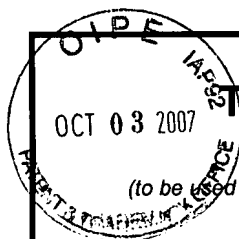
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	24 - 54 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	2 - 4 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	10/3/2007



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number	10/810,019
	Filing Date	March 25, 2004
	First Named Inventor	WEST, Robert C. et al.
	Group Art Unit	1745
	Examiner Name	Jonathan Crepeau
Attorney Docket Number		Q198-US1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div></div>
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	
<input checked="" type="checkbox"/> Amendment	Licensing-related Papers	
After Final	Petition to Convert to a Provisional Application	
<input checked="" type="checkbox"/> Affidavits/declaration(s) with Exhibits	Power of Attorney, Revocation Change of Correspondence Address	
Extension of Time Request	Terminal Disclaimer	
Express Abandonment Request	Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 10/3/2007

Phone: (818) 833-2003

Fax: (818) 833-2065

By: 

Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this
date: _____

Typed or printed
name

TRAVIS DODD

Signature

Date